

## APPLICATION FOR TRAFFIC VIOLATOR SCHOOL (TVS) OWNER LICENSE PART II

RSHIP NAME OF INDIVIDUAL PA	RTNERSHIP CORPORATION		001414	
TOTAL TO WILL OF INDIVIDUAL, I'M		PUBLIC ADULT SCHOOL OR	COMMUNITY COLLEGE/PUBLIC AGENC	CY, LIMITED LIABILITY COMPANY
DL NAME (DBA)				TELEPHONE
				( )
ESS OFFICE ADDRESS	CITY	COUNTY	STATE	ZIP CODE
Hours:		Days Office Open:		
lassroom instruction be give	en at this location?	Yes No	Date office will be	
s," indicate county or judicia	al district.		ready for DMV inspection:	
				of firm is individual, partnership,
oration, limited liability	company, or publi	ic adult school/com	munity college.	
INDIVIDUAL				
I certify under penalty				
		this application and	l all attachments are true a	and correct. (Perjury is punishable
by imprisonment, fine	or both.)			
	DATE		SIGNATUR	RE
PARTNERSHIP				
We certify under pena				
		this application and	l all attachments are true a	and correct. (Perjury is punishable
by imprisonment, fine	or both.)			
	DATE		SIGNED	
			SIGNED	
CORPORATION	DATE		SIGNED	SIGNED
	SIGNED	ha laws of the Stat		SIGNED
	SIGNED		e of California that (name	signed e of school)
I certify under penalty	signed y of perjury under t	is incorpora	e of California that (name	e of school) and is
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	Hours:  assroom instruction be give s," indicate county or judicia  RUCTIONS: Complete oration, limited liability  INDIVIDUAL I certify under penalty  answers and informatic by imprisonment, fine  PARTNERSHIP  We certify under penal answers and informatic answers and informa	Hours:  assroom instruction be given at this location? s," indicate county or judicial district.  FRUCTIONS: Complete Section I, II, III, I oration, limited liability company, or publication, limited liability company, or publication under the sanswers and information contained within by imprisonment, fine or both.)  DATE  PARTNERSHIP  We certify under penalty of perjury under the sanswers and information contained within the sanswe	Hours: Days Office Open: assroom instruction be given at this location? s," indicate county or judicial district.  RUCTIONS: Complete Section I, II, III, IV, V below dependent or the person in the p	Hours:    Days Office Open:     State

SIGNATURE OF ADMINISTRATOR

DATE

PROPERTY OWNER'S FULL NAME	OWNER'S ADDRESS	CITY	TELEPHONE NO.			
(Please enclose a copy of the lease or rental agreement)						
Name, address, and telephone number of bank where business account is carried.						
If bank account is not carried under same name as shown on this application, under what name is it carried?						
Norman of a second as when the second as a second as	de animo de actor forma a consulta					
Names of person(s) authorized to draw funds or issue checks from accounts.						

## **IMPORTANT NOTICE:**

Each person listed under "ownership" on this application must submit a Personal History Questionnaire (OL 29) and one fingerprint card. Corporations require that each board member submit a Personal History questionnaire and one fingerprint card.

If any owner or officer intends to give classroom instruction, a separate Instructor Application (OL 710) must be filed.

## **CERTIFICATION BY APPLICANT**

I understand that any misrepresentations in this application shall be sufficient cause for its rejection and that any violations of traffic violator school laws in the Vehicle Code, or of the regulations adopted to put into effect such laws, shall be grounds for the suspension or revocation of any traffic violator school license issued as a result of approval of this application.

I am aware of the provisions of Section 11202 of the Vehicle Code relating to the responsibilities and requirements of a traffic violator school owner.

I am aware of the provisions of Section 3700 of the Labor Code which requires every employer to be insured against liability for workers' compensation.

I agree to notify the department in writing immediately of any change in location of this business or any addition or deletion of branch classroom locations.

I agree to notify the department in writing immediately of any change in the ownership or in the legal structure of this business and on request from the department to submit new application papers properly reflecting the changes together with the required fees.

I understand that the fee paid for this application is not refundable, whether or not a license is issued.

I understand that acceptance of this application and the granting of a license entitles the department to enter any and all premises used by the school and to inspect any and all records maintained by the school, including bank records.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. (Perjury is punishable by imprisonment, fine or both.)

NOTE: To be signed by sole owner, partner, officer of corporation, member LLC or administrator only.)				
Date	Signed X			
	Title			

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